

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS640HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2010
NAME OF PROVIDER OR SUPPLIER MOUNTAINVIEW HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 N TENAYA LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 2/10/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00024384 was substantiated with deficiencies cited. (See Tag S 318). Complaint #NV00024346 was substantiated with deficiencies cited. (See Tag S 298). Complaint #NV00024173 was substantiated without deficiencies. Complaint #NV00023866 was unsubstantiated. Complaint #NV00023876 was substantiated with deficiencies cited. (See Tag S 300 and 318). Complaint #NV00023839 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 298 SS=D	<p>NAC 449.361 Nursing Service</p> <p>9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing</p>	S 298		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 298	Continued From page 1 services in accordance with nationally recognized standards of practice and physicians' orders. This Regulation is not met as evidenced by: Based upon record review and interview, the facility did not ensure that staff reported a reduction in urinary output to the physician in accordance with the physician's order for 1 of 7 sampled patients (Patient Identifier: #6).	S 298			
S 300	NAC 449.3622 Appropriate Care of Patient 1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering. This Regulation is not met as evidenced by: Based on record review and interviews, the facility failed to provide Patient #1 with ordered medication for anxiety. Severity: 2 Scope: 1	S 300			
S 318 SS=D	NAC 449.3626 Rights of Patient A governing body shall develop and carry out policies and procedures that protect and support the rights of patients as set forth in NRS 449.700 to 449.730, inclusive. This Regulation is not met as evidenced by: Based upon observation, interview, and record review, it was determined that the facility did not	S 318			

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S 318	Continued From page 2 protect the patient's right to privacy in accordance with facility policy for 2 of 7 patients reviewed (Patient #1 and #7). Scope: 1 Severity: 2	S 318			

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